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SUBACUTE SEPTIC ENDOCARDITIS

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As early as the 1926 Conference of Russian Therapists, I stated my opposition to the views of Schottmüller regarding the problem of the endocarditis lenta. He claimed that any disease is the result of several factors and not one specific factor. He further stated that it was impossible to determine the specificity of the streptococcus viridans in endocarditis since post-mortems showed that there were various forms of streptococci present in the valves of the heart.

At that time I stated that chronic infections should be explained from the standpoint of gradually changing relationships between the microbe and the organism, and that this relationship was further complicated by the presence of endogenic and exogenic factors which are hard to distinguish. My contentions were based on data obtained in clinical experiments conducted to determine the action of immunity and allergy, and the variations in the exchange of matter during the various stages of infection. It was possible to show that there was in fact a relationship between rheumatic polyarthritis and chronic sepsis, but that it differed from the type of relationship described by Schottmüller and his proponents Ashof and others.

Another report submitted about that time by Prof B.A. Chernogubov stated that the normal temperature during this disease should be 37.5 degrees. Docent M. L. Kacher, one of my co-workers, went on record to oppose Chernogubov's contentions.

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Years later, in December 1948, at a meeting of Moscow therapists held at MONOKI, Ye. M. Tareyev presented a report which appeared to be a continuation as well as conclusion to Chernogubov's teachings. Rather than go into Tareyev's report too deeply, I should like to mention briefly that it is important to know the history of any field of medicine well, before attempting a report. It is therefore necessary to read up on Buyo, Botkin and others who wrote on rheumatism and chronic sepsis as well as to acquaint oneself with the erroneous conceptions of such worthy scientists as Ashof, Schottmüller, Chernorutsky, Klinge, Abrikasov, Davidovskiy and others.

According to Tareyev, the participants at the 1948 meeting came to the conclusion that "there is no relationship between rheumatic and subacute septic endocarditis, and that the latter is a new process caused primarily by the action of streptococcus viridans." This appears to be in direct agreement with Chernogubov's ideas as he claimed that septic endocarditis is a complication of some general infection caused by the microbes known to be of the same etiology as sepsis lenta. It is logical to consider, therefore, that although rheumatism can be arrested in its initial stage, an attack of septic endocarditis following this rheumatic condition will effect the valves of the heart which have already been weakened by rheumatism.

However it must be borne in mind that infection of the valves is not always the result of the action of microbes. The action of microbes is effective only in the presence of toxins. This fact has been proved by experiments with toxic substances, for example, allylformate.

Later on Lang and Kachker, after prolonged laboratory studies, reported that "in spite of the data obtained, we are in no position to disprove the contention that rheumatic endocarditis and the onset of septic endocarditis are variations of the reactions of one and the same macroorganism."

Therefore, it is easy to see Kachker's position when he claims that "there is only one form of endocarditis, which without any relationship to the character of the pathologic-anatomic changes in the valvular endocardium without any relationship to the presence or absence of a source of infection in the blood or on the valvular endocardium, and without any relationship to the etiologic characteristics of this disease, nevertheless has various clinical pictures of the course of this disease. This difference between the clinical and the pathologic-anatomic picture can be based on the nonstandard relation in each individual case between the micro- and macroorganisms." It is much harder to understand Chernogubov's contentions that "rheumatic and septic endocarditis are variations of the reactions of one and the same macroorganism."

Tareyev's article concludes by stating that on the strength of the high level of reports submitted by Soviet therapists, it is possible to state that Soviet science is foremost in dealing with problems of subacute septic endocarditis.

But how about the other scientists, who are carrying on the fight against Chernogubov's influence which seems to follow the theory of foreign scientists? Tareyev apparently presented only one side of the picture, and for this reason his contention that this disease should be called "Chernogubov's disease" cannot be accepted.

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